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10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS JUN 0 9 2008

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

		. 1	I MI 11 II		
er.	ry Le	ewis Gulley			
1 rc		irk co.			
, , ,	V.	ounty Justic Cutro		iber 08 C S Kapala	500 9G
			CASE NUM	IBER US C	1001
U\N	N.Co	unty Health Dept.	писе	Kapala	
	Defe	ndant(s)	JODGE		
			-	7	ation requires
herev	er 🛮 is i	included, please place an X into whiche on than the space that is provided, attach	ver box applies. Who one or more pages th	erever the answer to any que. hat refer to each such questio	n number and
10re in provide	ijormano e the add	itional information. Please PRINT:	0.1.0 V. 1.1.0 7 8		Omoriont
J	err	itional information. Please PRINT: L. Gulley in the above-entitled ca	declare that I am	the Aplaintiff Detition	to proceed
ther_		in the above-entitled ca	se. This affidavit of	constitutes my approactors	Thoth. I also
/ithou	ıt full pr	epayment of fees, or in support of am unable to pay the costs of these	my monon for app	hat I am entitled to the rel	ief sought in
eclar	e that I a	am unable to pay the costs of these paying the costs of t	of this petition/ar	polication/motion/appeal.	I answer the
ne coi	mplaint/	petition/motion/appear. Ill support	or title petition ap	.L	
ollow	ing que	stions under penalty of perjury:	and the second s		
	A re Vi	ou currently incarcerated?	Yes □	No (If "No," go to Ques	stion 2)
•	ID. #	ou currently incarcerated? 58630 Name of the incarcerate of the inca	f prison or jail: <u>W</u>	inn. County J	iust, ce ch
	Do yo	on receive any payment from the ins	titution? □Yes □	No Monthly amount:	
2.	Are y	ou currently employees	⊐Yes 🔀	No .	
	Mont	hly salary or wages:		and the same of th	
•	Name	and address of employer:			
	a.	If the answer is "No":			
	u.	Date of last employment:			
		Monthly salary or wages:		· · · · · · · · · · · · · · · · · · ·	
		Name and address of last employ	er:	All Maries and Agency	
			Seper	1 + 50	
	b.	Are you married?	Sepera DYes	No	
	υ.	Spouse's monthly salary or wage			
		Name and address of employer:_			
3.	Anam	t from your income stated above in r	esponse to Questio	on 2, in the past twelve mor	nths have you
J.		also living at the came reside	nce received more	e than \$200 from any or	mic jonowing
	01 411	tyone else fiving at the same residences? Mark an X in either "Yes" or ".	No", and then che	ck all boxes that apply in e	ach category.
	SOULC				
	Sourc				
	a.	Salary or wages	eived by	□Yes	XIN ₀

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	Mo			
	c. □ Rent payments, □ interest or □ dividends Amount Received by	□Yes	X INo			
	d. □ Pensions, □ social security, □ annuities, □ life insuranc compensation, □ unemployment, □ welfare, □ alimony or ma	e, □ disability intenance or □	, □ workers'			
	AmountReceived by	`				
	e. ☐ Gifts or ☐ inheritances Amount Received by	□Yes	ΙχίΝο			
	f.	□Yes	ØNo			
4.	Do you or anyone else living at the same residence have more than savings accounts? Yes No Total	\$200 in cash of amount:	r checking or			
5.	Do you or anyone else living at the same residence own any stock financial instruments?					
	Current Value:					
	Property: Current variety In whose name held: Relationship to you:					
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments condominiums, cooperatives, two-flats, three-flats, etc.)?					
	Address of property: Current value: Palationship to you.					
	T 1					
	Amount of monthly mortgage or loan payments: Name of person making payments:					
7.	Do you or anyone else living at the same residence own any automore homes or other items of personal property with a current market value.	biles, boats, tra e of more than □Yes	ailers, mobile \$1000? X No			
	Property:					
	Property: Current value:					
	In whose name held: Relationship to you					
8.	List the persons who are dependent on you for support, state your relindicate how much you contribute monthly to their support. If none, of Terome W. Gulley (SON) Terry L. Gulley TE (SON) AUSTIN B. StarkS (SON)	ationship to eacheck here DN	ch person and to dependents			

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 5 - 29 - 08

Jenny Lewis Bulley
Signature of Applicant

Terry Lewis Gulley

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

